

**THE UNIVERSITY OF ALABAMA
APPROVAL REQUEST FOR SUPPLEMENTAL or OCCASIONAL PAY**

All Supplemental/Occasional pay must be approved in ADVANCE of the work being performed!

The purpose of this form is to request your approval for payment of supplemental compensation or occasional pay for the individual listed below. University policy requires that prior approval be obtained **BEFORE** undertaking **ANY** compensated activities.

Information on the Individual Receiving Supplemental/Occasional Pay

Employee Name			
Employee CWID		Date of Request	
Employee's Supervisor		Employee's Home Department	

Individual's Current Status (check one)

<input type="checkbox"/>	Full Time (Supplemental Pay)	<input type="checkbox"/>	Non-employee (Occasional Pay) <small>*Part Time employees use additional assignment PA not supplemental/occasional payroll process</small>
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Individual's Current Classification (check one)

<input type="checkbox"/>	Faculty	<input type="checkbox"/>	Staff/Other(non-employee)	<input type="checkbox"/>	Student
Employee's Current Job Title					

Details

Purpose of Compensation	Please provide details of the activity requiring supplemental or occasional pay. For instruction, list course #, credit hours, time taught (ex. MWF 8-9), estimated enrollment. For consulting or other activity, please identify the nature of the work.
Amount of Compensation Requested	Please be sure that the compensation does not exceed UA policy limits. Full time faculty/instructors may receive up to 7.5% of their AY base salary for one 3 hour course overload. The expectation is that requests for supplemental compensation will be for no more than one 3 hour course per semester (fall, spring, summer). See UA policy for consulting/supplemental rates.
Time Period	Please detail the period of service for this supplemental or occasional pay. (Ex. Fall term, 8/16 – 12/31, Spring term 1/1 – 5/15 or other: Jan 4-6, 2xxx) Be sure these approved dates match the dates on the PA form. This form may cover one Academic Year only.
Faculty/Instructor/Lecturer Teaching Loads. Other information as required	For 9/12 Faculty: Detail below the courses that the faculty is teaching as part of his/her regular load during the period that he/she is requesting supplemental compensation. Include the course number, credit hours, times taught and estimated enrollment. If none – please state "none". Also describe any other assignments which may impact this request such as research load or administrative appointments. FOR STAFF and 12 month faculty: An annual leave statement must be included below for supplemental activity performed during regular work hours. If AL is not taken, describe in detail how the time will be made up.

Return completed and approved form to the individual below (please print/type)

Name	Box/Address	Phone #
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Approvals

The University has the responsibility to ensure that each employee meets assigned duties acceptably before additional compensation is authorized and that compensation is not provided more than once for the same effort or for the same time period. By signing this form, you are supporting this request. Please sign and forward as indicated below.

Individual's Supervisor (approving the activity for which the activity is being requested)	Date
Supervisor's Dean/Director/Division VP	Date
OAA (for OAA, Research, Advancement, Student Affairs, President's Office) HR (Athletics, Community Affairs, Financial Affairs)	Date

This approved form should be attached to the PA form unless it is already attached to the Hiring Proposal in the faculty hiring system